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A SPECIAL REPORT SERIES BY THE N.C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES,  
DIVISION OF STATISTICS AND INFORMATION SERVICES, CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS,  
P.O. BOX 27687, RALEIGH, N.C. 27611-7687.

No. 53

July 1990

## NORTH CAROLINA CHILD AND ADOLESCENT MORTALITY

by

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### ABSTRACT

During the last decade in North Carolina, considerable progress has been made in the reduction of both white and nonwhite childhood mortality, especially infant mortality. From 1974-78 to 1983-87, childhood death rates declined substantially, 30 percent for infants and 25 percent for ages one through 19. Both whites and nonwhites experienced improvements in mortality during this period, but the nonwhite mortality rate continues to be at least 1.6 times the white rate for children through age nine.

Comparing North Carolina's 1983-87 death rates to the national rates for 1983-86 reveals that North Carolina's infant mortality rate was 14 percent higher; the infant death rate for motor-vehicle injuries was 59 percent higher. Though the state mortality rate for all causes for 1-19-year-olds was only 5.4 percent higher than the national rate, the rates differed greatly on a cause-specific basis. The motor-vehicle injury death rate was 26 percent higher than the national rate, while North Carolina rates for homicide and cancer were each 23 percent lower.

Aid to Families with Dependent Children (AFDC) records were matched to death records, allowing cause-specific mortality comparisons among poor and non-poor youth. Results show that AFDC children aged 28 days to 17 years experienced much higher mortality than their non-AFDC counterparts. This generally seems truer for whites than nonwhites. Contrary to the race differentials in mortality evident in the general population, AFDC white mortality compared to AFDC nonwhite mortality reveals no disparity between the races.

Finally, this report examines some of the risk factors and intervention efforts associated with leading causes of child and adolescent mortality. This information should be helpful to those responsible for the design and implementation of child health programs in North Carolina.